No. 300
M—10-47
5-17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26285
Registrar's No. 3251

Registration District No. 147
Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or ~~institution~~: LAKESIDE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 2 DAYS (Specify whether
In this community 36 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1702 WEST 39TH STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — —

3. (a) PRINT FULL NAME MRS. JENNIE REBECCA FIELDS

3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOWED
6. (b) Name of husband or ~~wife~~ MR. ALEXANDER FIELDS
6. (c) Age of husband or wife if alive — — years
7. Birth date of deceased JULY (Month) 19 (Day) 1864 (Year)

8. AGE: Years 84 | Months 0 | Days 18 | If less than one day ___ hr. ___ min.

9. Birthplace GALLOPOLIS (City, town, or county) OHIO (State or foreign country)
10. Usual occupation HOUSE KEEPER
11. Industry or business AT HOME

FATHER
12. Name KING HARMON
13. Birthplace UNKNOWN (City, town, or county) PENNSYLVANIA (State or foreign country)

MOTHER
14. Maiden name MARY ANN SELOCK
15. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)

16. (a) Informant Mrs. Vivian Hubbard
(b) Address 1702 West 39th Street
17. (a) BURIAL (Burial, cremation, ~~or removal~~) (b) Date thereof AUGUST-10-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ GREEN LAWN CEMETARY
18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 8-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 7TH year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 1944, 19__, to Aug. 7, 1948; that I last saw her alive on Aug. 7, 1948, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
~~Chronic~~ Broncho-pneumonia	2 days
Chronic Myocarditis	20 mos.
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93 8

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph A. Fogarty (M. D. or other) DO
Address 1402 Wisthman Bg. Date signed 8/9/48

(Licensed Embalmer's Statement on Reverse Side)

40 Whitman Bldg.
12-6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.